

**PATENT APPLICATION FEE DETERMINATION RECORD**

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Substitute for Form PTO-875

Application or Docket Number

10/025348

CLAIMS AS FILED - PART I

(Column 1) : (Column 2)

(Column 2)		
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.16(d))

SMALL ENTITY	
RATE	FEES
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL	

OR	OTHER THAN SMALL ENTITY	
	RATE	FEES
OR		
OR	X \$ _____ =	
OR	X \$ _____ =	
OR	+ \$ _____ =	
OR	TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	6/6/6	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total (37 CFR 1.16(e))	28	Minus	29
	Independent (37 CFR 1.16(b))	1	Minus	1

SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
<b>TOTAL</b>	
<b>ADD'L FEE</b>	

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$        =	
X \$        =	
X \$        =	
<b>TOTAL</b>	
<b>ADD'L FEE</b>	

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	11/7/6	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(e))		Minus	
	Independent (37 CFR 1.16(b))		Minus	***
				=

DATE	ADDITIONAL FEE
X \$ <u>      </u> =	
X \$ <u>      </u> =	
+ \$ <u>      </u> =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ <u>  </u> =	
X \$ <u>  </u> =	
+ \$ <u>  </u> =	
<b>TOTAL</b>	
<b>ADD'L FEE</b>	

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))		Minus	=
	Independent (37 CFR 1.16(b))		Minus	=

RATE	ADDITIONAL FEE
X \$ . . . =	
X \$ . . . =	
+ \$ . . . =	
<b>TOTAL</b>	
<b>ADD'L FEE</b>	

RATE	ADDITIONAL FEE
OR X \$ _____ =	
OR X \$ _____ =	
OR + \$ _____ =	
TOTAL AD'L FEE	

1 If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independently) is 3.

This collection of information is required by 17 CFR 4.12. The use of this form is voluntary. No person is required by 17 CFR 4.12 to respond to a collection of information unless it is an optional form or an agency has provided a valid OMB control number for the form or collection. The public reporting burden for this collection of information is estimated to be 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This burden estimate does not include the time spent for any other activities such as preparing and sending comments. If you have comments on the burden estimate or would like to request a copy of the OMB control number for this form or collection, please contact the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503, or call (202) 395-4036.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-F10-9199 and select option 1.